A.F.C. RESIDENT MEDICATION RECORD

MICHIGAN FAMILY INDEPENDENCE AGENCY

Office of Children & Adult Licensing MEDICATION NAME TIME Resident Name: Year: Month: AND **DAY OF THE MONTH** OF DAY **INSTRUCTIONS** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 FOR USE **DAY OF THE MONTH Medication Name** Time of (Single Dose Only) Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 SIGNATURE AND INITIALS OF EACH PERSON SIGNING INITIALS ABOVE THE FAMILY INDEPENDENCE AGENCY WILL NOT DISCRIMINATE AGAINST AUTHORITY: P.A., 218 OF 1979 COMPLETION: Mandatory: Family Home and Group Home Rule Requirements ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE. NATIONAL ORIGIN, COLOR, MARITAL STATUS, DISABILITY, ORPOLITICAL PENALTY: Violation of Rule R 400.1418 (4) (a) Family Rules, R400. 14312(4) or R400.15312 (4) Group Home Rules